

**Health: Science, Society and Policy
Internship Approval Form**

Student Information

Name: _____

Brandeis Mailbox / Local address: _____

Brandeis extension /Local phone: _____

If a summer internship:

Summer Address: _____

Summer Phone: _____

Supervisor Information

Name: _____

Title: _____

Phone: _____

Email: _____

Address: _____

Internship Placement

Internship Site: _____

Expected Dates of Internship: _____

Expected Hours Per Week: _____

Paid/Unpaid: _____

Potential Source(s) of Funding: _____

Brief description of organization (mission, projects, size):

Brief description of expected intern activities:

Brief description of the relationship between this internship, and your personal goals to acquire knowledge, develop skills, and explore potential career avenues:

Approved by: _____